

EDITORIAL

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The articles in this special issue address a variety of challenges that HIV/AIDS regularly presents to the social work profession. If it is accepted that HIV/AIDS has never been a purely medical problem, but also a social, economic and ethical problem of enormous magnitude, then the articles provide ample stimulation and guidance for practice and teaching in social work. They reflect some of the major current local and global issues that confront individuals, families, households, caregivers, communities, civil society, NGOs and governments, as well as students who are exposed to working with people with HIV/AIDS.

A comparison of HIV/AIDS prevention policies and practices in two countries provides useful insight into infection rates in one article, while another article offers a profile of adolescents in households infected with, or affected by, HIV/AIDS. The responsibilities of the government, NGOs and communities feature prominently in three articles, and the support for, and care of, foster children are dealt with in two others, while the need for support groups for students working with people with AIDS is described in another.

In *Differing HIV infection rates in Brazil and South Africa: A comparative study of policies and practices*, **Rafael and Smit** report on an analysis of the two countries' HIV/AIDS prevention policies and on a qualitative study of the perceptions of Brazilian and South African HIV/AIDS non-profit organisations of these divergent infection rates. They also discuss differences in policy, government action, civil society involvement and the role of the non-profit sector, as well as future concerns and changing attitudes to the illness.

A profile of adolescents in households infected with, or affected by, HIV and AIDS is presented in an article by **Oliver and Strydom**. The aim of the article was to collect data from adolescents about the households they are part of. This information can serve as a starting point for developing and compiling a profile of such households.

In *Breaking the silence – is it a dream?* **De Witt and Lessing** provide a gauge of common perceptions of this issue, irrespective of respondents' HIV/AIDS status. From their findings it is clear that communities will have to take responsibility for the establishment of support groups.

In *Attitudes to ARV access and factors undermining HIV/AIDS prevention: Lessons learned from the 2008 Tsabong stigma in Botswana* **Kang'ethe** found that prevention is compromised by several factors: poverty driving some people to prostitution; the increased libido effect of antiretroviral drugs; alcohol intake; repeated pregnancies of those on antiretroviral drugs; and the use of biomedical and traditional healers' services simultaneously. The author makes recommendations to the government and NGOs on how to address these challenges.

The role of Hospice caregivers in caring for families infected with, or affected by, HIV/AIDS is the subject of the article by **Bester and Herbst**. They found that these caregivers are a valuable asset in the multidisciplinary team and make recommendations on how to improve service delivery to families infected with, or affected by, HIV or AIDS.

Pretorius and Ross's article *Loss, grief and bereavement: The experiences of children in kinship foster care* deals with the question of foster families and children coming to terms with the grief and trauma of losing their parents. From the main findings it is clear that the

needs and the expectations of emotional support and guidance are not adequately addressed by organisations supporting foster families and children.

In the light of the fact that the South African Children's Act is arguably the first legislative instrument internationally to provide for cluster foster care, the article by **Gallinetti and Sloth-Nielsen** on *Cluster foster care: A panacea for the care of children in the era of HIV/Aids or an MCQ* is of crucial importance in the local context. The legal and social underpinnings of cluster foster care, juxtaposed with conventional foster care, are examined and situated within contemporary social norms. The authors discuss various models which are purported to constitute cluster foster care. They pose the question of whether cluster foster care rests on a single theoretical model, or whether it is an empty vessel in which a multitude of overlapping models can be accommodated.

The article by **Partab**, *Reflections on burnout and self-care management in Social Work*, explores pertinent concerns raised by social work students who have worked with people with AIDS. The poignant question they pose is: "How do we comprehend our own feelings after we have counselled an HIV/AIDS patient?" It is evident that self-care should not be regarded as a low priority and negligible in the lives of healthcare professionals, as it may ultimately lead to vicarious trauma. The author suggests that support groups for students working with persons with AIDS become mandatory.

It is our sincere editorial hope that the sharing of experiences of HIV/AIDS- related work in this issue will have theoretical as well as practical value for educators, practitioners and students. We also hope that some of the crucial questions raised and explored in this issue might open caring eyes and critical minds, and mobilise broad support in addressing the current concerns facing all stakeholders working in the field of HIV/AIDS.